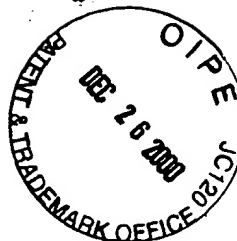


UTILITY DECLARATION
AND POWER OF ATTORNEY
Utility Application



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled INHIBITORS OF SERINE PROTEASE ACTIVITY OF MATRIPTASE the specification of which

(Check One)

☐
☒

is attached hereto OR

was filed on September 8, 2000 as United States Application Serial No. 09/657,986 or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



22249

PATENT TRADEMARK OFFICE

LYON & LYON LLP
Suite 4700
633 W. Fifth Street
Los Angeles, CA 90071
(213) 489-1600

Please send all correspondence to the attention of Suzanne L. Biggs, and direct all telephone calls to (858) 552-8400.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Edwin	MIDDLE Initial L.	LAST Name Madison	
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	POST OFFICE ADDRESS	11005 Cedarcrest Way	City San Diego	State or Country CA	Zip Code 92121
INVENTOR'S SIGNATURE		<i>Edwin L. Madison</i>			DATE <i>12/19/00</i>

202	FULL NAME OF INVENTOR	FIRST Name Joseph	MIDDLE Initial Edward	LAST Name Semple	
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INVENTOR'S SIGNATURE		<i>Joseph Edward Semple</i>			DATE <i>12/11/00</i>

203	FULL NAME OF INVENTOR	FIRST Name Gary	MIDDLE Initial Samuel	LAST Name Coombs	
	RESIDENCE & CITIZENSHIP	City San Diego	State or Foreign Country CA		Country of Citizenship US
	POST OFFICE ADDRESS	8757 Libra Drive	City San Diego	State or Country CA	Zip Code
INVENTOR'S SIGNATURE					DATE

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



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	POST OFFICE ADDRESS	11005 Cedarcrest Way	City San Diego	State or Country CA	Zip Code 92121
INVENTOR'S SIGNATURE _____ DATE _____					

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	POST OFFICE ADDRESS	9711 Caminito Pudregal	City San Diego	State or Country CA	Zip Code 92131
INVENTOR'S SIGNATURE _____ DATE _____					

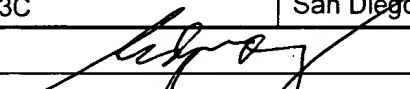
203	FULL NAME OF INVENTOR	FIRST Name Gary	MIDDLE Initial Samuel	LAST Name Coombs	
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	POST OFFICE ADDRESS	8757 Libra Drive	City San Diego	State or Country CA	Zip Code
INVENTOR'S SIGNATURE <u>Gary Coombs</u> DATE <u>12-11-2000</u>					

204	FULL NAME OF INVENTOR	FIRST Name John	MIDDLE Initial Eugene	LAST Name Reiner	
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	POST OFFICE ADDRESS	7510 Charmant Drive #724	City San Diego	State or Country CA	Zip Code 92122
INVENTOR'S SIGNATURE			<i>John Eugene Reiner</i>		DATE <i>12/11/2012</i>

205	FULL NAME OF INVENTOR	FIRST Name Edgar	MIDDLE Initial O.	LAST Name Ong	
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INVENTOR'S SIGNATURE					DATE

206	FULL NAME OF INVENTOR	FIRST Name Gian	MIDDLE Initial Luca	LAST Name Araldi	
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INVENTOR'S SIGNATURE					DATE

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INVENTOR'S SIGNATURE _____ DATE _____					

205	FULL NAME OF INVENTOR	FIRST Name Edgar	MIDDLE Initial O.	LAST Name Ong	
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INVENTOR'S SIGNATURE  DATE <u>12/11/02</u>					

206	FULL NAME OF INVENTOR	FIRST Name Gian	MIDDLE Initial Luca	LAST Name Araldi	
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	POST OFFICE ADDRESS	7996 Avenida Navidad #63	City San Diego	State or Country CA	Zip Code 92122
INVENTOR'S SIGNATURE _____ DATE _____					

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INVENTOR'S SIGNATURE _____ DATE _____					

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INVENTOR'S SIGNATURE _____ DATE _____					

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	RESIDENCE & CITIZENSHIP	City San Diego	State or Foreign Country CA	Country of Citizenship Italy	
	POST OFFICE ADDRESS	7996 Avenida Navidad #63	City San Diego	State or Country CA	Zip Code 92122
INVENTOR'S SIGNATURE x <u>Araldi C.</u> DATE <u>12/14/00</u>					

SLA/
SL
12/15/00

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Quincy, MA 02169